

	AF	PPLICATION TO	O KEEP MORE T	HAN TWO	CATS		
Date:							
Assessn	nent number:						
Name of	cat owner:						
Contact	number:						
Postal a	ddress:						
Address	cats to be kept	t at:					
Description	on of each cat t	o be kept at pre	mises:				
	REG#	NAME	BREED	SEX	COLOUR	AGE	
CAT 1							
CAT 2							
CAT 3							
CAT 4							
Briefly sta	ate the reasons	why you wish t	o keep more than	two cats at	your premises:		
YoMain tmaAp	u will need to en inagement Act 1 the area e approval may inagement of the proval will be va	nsure that the cats 995. Your respor be revoked if wel e cats lid for the lifetime	wing Terms & Constant and a service with a second a sibility is to ensure defounded complain a of the cats you cure death of one of the cats with a second and a second a seco	lance with the your cats do to the desired ts are receive trently own.	e Dog and Cat o not cause a nuisa red regarding your		
Signature of Applicant:				Date:			
Office us	-						
Approved	d Not Appr	roved					
Date:							
By:							